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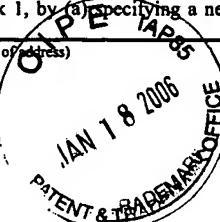
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10/19/2005

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01/19/2006 HTECKLU2 00000057 10052328

01 FC:1501	1400.00 OP
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Sharon E. Byam

(Depositor's name)

(Signature)

January 13, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/052,328	01/17/2002	Pankaj S. Parekh	IPOL-0001	1165

TITLE OF INVENTION: SYSTEM AND METHOD FOR DETECTION OF INTRUSION ATTACKS ON PACKETS TRANSMITTED ON A NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	01/19/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PEESO, THOMAS R	2132	713-194000

- |  |   |                                       |
|--|---|---------------------------------------|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).   | 2. For printing on the patent front page, list<br>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,<br>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1 <u>THELEN REID &amp; PRIEST LLP</u> |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  |   | 2 _____                               |
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

iPolicy Networks, Inc.

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Fremont, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are enclosed:**

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 1

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 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1698 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

1/12/06

Typed or printed name Marc S. Hanish

Registration No. 42,626

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